

**STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES**

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.



Reg. # 2002002001 29

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|---|--|---|--|
| 1. Committee Identification No. <u>00136866</u> | | | |
| 2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s) # <u>10</u> | | c. Date Change(s) Took Place <u>12/28/01</u> | |
| 3. Full Name Of Committee (must include candidate's first and last name) | | | |
| 4. Candidate Last Name | | First Name M.I. | |
| 4a. County of Residence | | 4b. Political Party (If applicable) | |
| 4c. Driver License # (Optional) | | | |
| 4d. Office Sought: (Check one) | | | |
| <input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court | | | |
| 4e. District # or Jurisdiction | | <input type="checkbox"/> Local or Other (Please Specify) | |
| 5. Date Committee Was Formed (Mo/Day/Yr) | | 6. Committee Area Code and Phone Number | |
| 7. Committee Mailing Address (May be P. O. Box) Include Zip Code | | 7a. Committee Street Address (May <u>not</u> be P. O. Box) | |
| 8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) | | 9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. | |
| Area Code and Phone Driver License # (Optional) | | Area Code and Phone Driver License # (Optional) | |
| 10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived. | | | |
| 11. Names and Addresses of depositories or intended depositories of committee funds. (Bank, Credit Union or Savings & Loan Association) | | 12. This item applies only to a Gubernatorial Candidate Committee. | |
| 11a. Official Depository: | | <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding. | |
| 11b. Secondary Depository: | | | |
| 13. Verification: I/we certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief. | | | |
| Current Treasurer <u>CHARLES D HORTON</u> | | Date <u>12 28 01</u> | |
| Type or Print Name | | Signature | |
| Candidate _____ | | Date _____ | |
| Type or Print Name | | Signature | |

BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

Aug. #2000 159001

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ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

| | | | |
|---|--|--|--|
| 1. Committee Identification No. <u>00136866</u> | | c. Date Change(s) Took Place <u>1 1</u> | |
| 2. Type of Filing a. <input type="checkbox"/> Original OR b. <input type="checkbox"/> Amendment to Item(s) # | | | |
| 3. Full Name Of Committee <u>COMMITTEE TO ELECT CHARLES HORTON</u> | | | |
| 4. Candidate Last Name <u>HORTON</u> | | First Name <u>CHARLES</u> M.I. <u>D</u> | |
| 4a. County of Residence <u>MACOMB</u> | | 4b. Political Party (if applicable) <u>REPUBLICAN</u> | |
| 4c. Driver License # (Optional) <u>H635115135939</u> | | | |
| 4d. Office Sought: (Check one) | | | |
| <input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court | | | |
| 4e. District # or Jurisdiction <input checked="" type="checkbox"/> Local or Other (Please Specify) <u>SHELBY TRUSTEE</u> | | | |
| 5. Date Committee Was Formed <u>5/23/00</u> (Mo/Day/Yr) <u>SAME DATE</u> | | 6. Committee Area Code and Phone Number | |
| 7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>SAME</u> | | 7a. Committee Street Address (May <u>not</u> be P. O. Box) | |
| 8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.) <u>HORTON CHARLES</u> <u>8511 SPEEDWAY</u> <u>SHELBY MI 48317</u> Area Code and Phone <u>810 739 0692</u> Driver License # (Optional) <u>H635115135939</u> | | 9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone _____ Driver License # (Optional) _____ | |
| 10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived. | | | |
| 11. Names and Addresses of depositories or intended depositories of committee funds. | | 12. This item applies only to a Gubernatorial Candidate Committee. | |
| 11a. Official Depository: <u>COMERICA BANK</u> <u>47127 VAN DYKE</u> | | <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding. | |
| 11b. Secondary Depository: <u>UTICA, MI 48317</u> | | | |
| 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief. | | | |
| Current Treasurer <u>CHARLES HORTON</u> Type or Print Name | | Date <u>5/23/00</u> Mo. Day Year | |
| Candidate <u>CHARLES HORTON</u> Type or Print Name | | Date <u>5/23/00</u> Mo. Day Year | |

Authority granted under 1976, as amended